

PART B - FEE(S) TRANSMITTAL

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JAN 25 2005

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30206 7590 11/04/2004

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(D)

01/27/2005 MBIZUNE2 00000154 090465 10760448

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/760,448	01/20/2004	Don Alan Gilliland	ROC920030364US1	9231

TITLE OF INVENTION: STRUCTURES FOR IMPLEMENTING INTEGRATED CONDUCTOR AND CAPACITOR IN SMD PACKAGING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1370	\$300	\$1670	02/04/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
THOMAS, ERIC W	2831	361-328000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Joan Pennington

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

INTERNATIONAL BUSINESS MACHINES CORPORATION, ARMONK, NEW YORK 10504

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies _____ The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 09-0465 (enclose an extra copy of this form).

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Authorized Signature Leslie J. PayneDate November 10, 2004Typed or printed name Leslie J. PayneRegistration No. 26,378

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